

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA10028558

Date In: 5/3/20-10:47	Job description	Date & Time Completed	Done by
Ref No: NA/11/C2000308/24	SAS e-filing		
Veh No: 5J62993R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/3/20-16:20	i-Motor Claim Form	M7/1086970-001	5/3/20 11:06
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5J62993R	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1001963	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	for Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/03/2020 10:47
Date Of Accident	04/03/2020 16:20
Exact Location Of Accident	KRANJI RD TWDS TURF CLUB AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2993R
Insured/Policyholder	
Name Of Registered Owner	KOR CHEE WEE
NRIC No	SXXXX727F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98382514
Alternative Phone No	OFFICE-98382514

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101716611-01
Cover Note Number	

Driver

Name of Driver	KOR CHEE WEE (XU ZHIWEI)
NRIC No	SXXXX727F
Date Of Birth	24/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98382514
Fax Number	
Contact Number	OFFICE-98382514
Email Address	NOEMAIL

Address	BLK 216D COMPASSVALE DRIVE #06-570
Postcode	544216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200304/7033.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD4340L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG MING KUI
NRIC/Passport Number	SXXXX925C
Contact Number	97542732
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOR CHEE WEE (XU ZHIWEI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG2993R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Daniel

Policyholder's Signature

Date & Time:

Donie!

Driver's Signature _____

(If driver is not the policyholder)

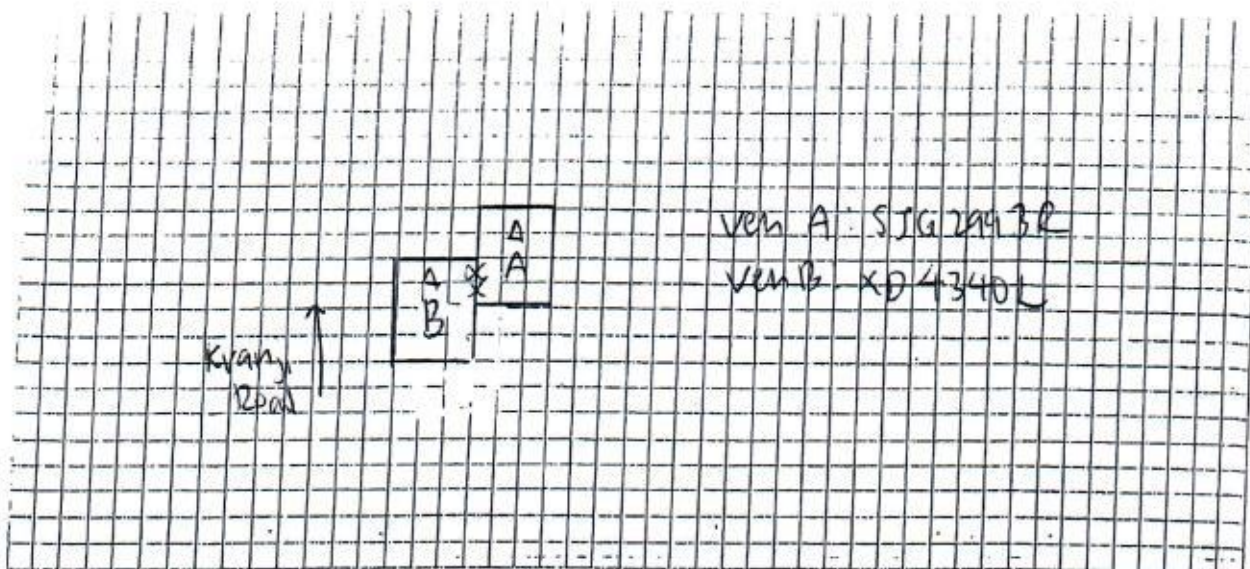
Date & Time:

Personnel's Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Bine Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Daniel

Policyholder's Signature

Date & Time:

Daniel

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 4/3/20 Accident Time: 1620 (24-HR-Format)
Accident Place : 16any Road (Towards Turf Club Ave)
Vehicle Reg. No. (Car Plate No.) : SG 2993R
Vehicle Make/Model : Toyota Wish
Insurance Company : N44C Policy No. :
Owner or Company Name / IC No. : KOR CHEE WEI / 58626727F
Owner or Company Contact No. : 98382514 Owner's Hp : Company Tel :
DRIVER'S Name / IC No. : A. Above
DRIVER'S Date Of Birth : 24/9/1986 DRIVER'S License Pass Date : 2/8/2007
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others :
DRIVER'S Address : 216D Compressual Drive # 06-570
DRIVER'S Contact No. / Alt No. : (1) : (2) :
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@my car.sg
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>XD 4340C</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>ONG Ming Kai</u>	Name Driver: _____
IC No. Driver: <u>S7988925C</u>	IC No. Driver: _____
Driver's Contact & Add: <u>97542732</u>	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200304/7033

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200304/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2020 19:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KOR CHEE WEE		Address: APT BLK 216D COMPASSVALE DRIVE #06-570 SINGAPORE 544216	
ID Type / ID No.: NRIC NO / S8626727F		Contact No.: Home/Office: Mobile: 98382514	
Nationality: SINGAPORE CITIZEN		Email: flightmasters.daniel@gmail.com	
Sex: Male	Age: 33	Date of Birth: 24/09/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ANIMAL MAINTENANCE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2020 16:20	Type of Location: T-Junction
Location: TURF CLUB AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG2993R	Car	TOYOTA	WISH 1.8 AUTO	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG2993R	NTUC Income Insurance Co-Operative Limited	5101716611-01	06/07/2019	05/07/2020



**SINGAPORE
POLICE FORCE**



T/20200304/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200304/7033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOR CHEE WEE	ID No.	S8626727F
Related Vehicle	SJG2993R (Car)	Contact No.	98382514
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/03/2020	Date Discharge	04/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date I was travelling on Kranji road toward turf club ave as I was driving straight vehicles xd4340L cut into my lane and hit my rear left . We exchange particular and agree to process insurance claim . I was injured and went to see a doctor



**SINGAPORE
POLICE FORCE**



T/20200304/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200304/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/03/2020 19:32

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/03/2020 16:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SJG2993R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101716611-01		KOR CHEE WEE	S8626727F	GPC	drive CLASSIC	SJG2993R	SJG2993R	06/07/2019	05/07/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5101716611-01	Policyholder Name	KOR CHEE WEE	Policyholder NRIC	S8626727F				
Certificate No.									
Address	BLK 216D #06-570 COMPASSVALE DRIVE COMPASSVALE MAST SINGAPORE 544216								
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N				
Policy issue Date	18/06/2019	Effective Date	06/07/2019 00:00	Expiry Date	05/07/2020 23:59				
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess	500	OS Premium	0						
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess					
Agent	ELITE (L&G) ASSOCIATES	Agent Tel.	63496237	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	BLK 216D #06-570	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE MAST
Address 4	SINGAPORE 544216	Address Type	Singapore address	Post Code	544216
Unit No.	06-570	Related Policy Number	5101716611-01		

Insured Object: SJG2993R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1086970

Policy No.	5101716611-01	Vehicle No.	SGZ2993R	GST Registration No.	
Certificate No.					
Policyholder Name	KOR CHEE WEE	Cover Type	drive CLASSIC	Policyholder NRIC	S8626727F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98382514	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	N
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	05/03/2020 11:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	04/03/2020	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KRANJI RD TWOS TURF CLUB AVE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	500	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	1100.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 2160 #06-570	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE MAST
Address 4	SINGAPORE 544216	Address Type	Singapore address	Post Code	544216
Unit No.	06-570	Related Policy Number	5101716611-01		
OT Driver Info					
Driver Name	KOR CHEE WEE	Driver Type	Main Driver	Driver DOB	24/09/1986
Unnamed driver Name		Driver NRIC	S8626727F	Driving Experience	12
Register Date of Driver License	02/08/2007	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	98382514	Contact No.(Office)	0	Address 3	COMPASSVALE MAST
Address 1	BLK 2160	Address 2	COMPASSVALE DRIVE	Post Code	544216
Address 4	SINGAPORE 544216	Address Type	Singapore address		
Unit No.	06-570				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KOR CHEE WEE	Insured NRIC	S8626727F
Contact No.(Mobile)	98382514	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SGZ2993R	TP Vehicle Number	XD4340L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGZ2993R / XD4340L ON 4 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/03/2020 11:06	Claim Close Date		Date Received	05/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1086970	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2020 11:06		
Path *		Category *		Confidential	Urgency *
	Browse...	Clear	Please Select	<input checked="" type="radio"/> NO	Normal
	Browse...	Clear	Please Select	<input checked="" type="radio"/> NO	Normal
	Browse...	Clear	Please Select	<input checked="" type="radio"/> NO	Normal
	Browse...	Clear	Please Select	<input checked="" type="radio"/> NO	Normal
	Browse...	Clear	Please Select	<input checked="" type="radio"/> NO	Normal
	Browse...	Clear	Please Select	<input checked="" type="radio"/> NO	Normal

☐ Send Message

Attachments

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
 	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	SAS		Normal	SAS 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Mar 2020 11:06	Photos		Normal	Photos 2020-3-5	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		